

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m G</i>		2/4/00
O.I.P.E. CLASSIFIER	<i>AS</i>		2/19/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>Sh</i>	64830	4.11

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
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21	✓
22	✓
23	✓
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42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
51	✓
52	✓
53	✓
54	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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